



## The Crossing Community Church Permission Slip and Release of Liability Form

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_.

Parent/Guardian Name Child Name

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. As the parent or legal guardian of \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as a child attending **The Crossing Community Church's Youth Retreat**, my child will participate in certain activities which carry with them a degree of risk and danger. I acknowledge and understand that The Crossing Community Church may offer other activities not listed above that present similar risks or dangers to my Child. I consent to my Child's participation in these activities. I acknowledge and understand that this **Permission Slip and Release of Liability Form** has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume on my Child's behalf all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use The Crossing Community Church's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless The Crossing Community Church, from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of The Crossing Community Church's equipment and facilities. I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of The Crossing Community Church. Should the need for medical attention arise, the church will attempt to contact me as soon as practicable under the circumstances.

In case of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the USA or any health care professional duly licensed to provide health care services in the USA for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this **Permission Slip and Release of Liability Form** by reading it before I signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number



## The Crossing Community Church Emergency Contact & Medical Information Form

### **Student Information**

Full Name: \_\_\_\_\_ . DOB: \_\_\_\_ \_\_\_\_ \_\_\_\_ . Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ . State \_\_\_\_ . Zip \_\_\_\_\_

Student Phone #: \_\_\_\_\_ . Student Email: \_\_\_\_\_

### **Emergency Contact Information**

Emergency Contact 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

EC 1 Phone #: \_\_\_\_\_ . EC 1 Email: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

EC 2 Phone #: \_\_\_\_\_ . EC 1 Email: \_\_\_\_\_

### **Student Medical Information:**

Existing Medical Conditions: \_\_\_\_\_

Please list any medications taken regularly: \_\_\_\_\_

Will the student be taking them while in our care? (Y) / (N)

Allergies: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_